2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 03, 2005 08:00 AM DOCUMENT # P93000013347 **Secretary of State** 1. Entity Name ANJENU, INC. Mailing Address Principal Place of Business 10021 PINES BLVD. 10021 PINES BLVD. C-105 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0383055 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTH, ROBIN Street Address (P.O. Box Number is Not Acceptable) 10021 PINES BLVD. C 105 PEMBROKE PINES FL 33024 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11 Delete HILE Change ☐ Addition TITLE ROTH, ROBIN NAME STREET ADDRESS STREET ADDRESS 1501 SW 131 WAY U00000212236 PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP 02/03/05-80021-023 150 VPST Delete LHE Change ☐ Addition TITLE ROTH, ELYSE KAME NAME 12209 SW 6 ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-71P Change Addition Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Change Addition TITLE ☐ Delete HILE NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-SI-71P П Сћалде ☐ Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or indicate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED